

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/535260

CLAIMS AS FILED - PART I

|                                  | (Column 1)  | (Column 2)                             |
|----------------------------------|---|--|
| U.S. NATIONAL STAGE FEES         |   |  |
| BASIC FEE                        | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE                  | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE                       | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEES FOR EXTRA SPEC. PGS.        | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS          | 25 minus 20 =   | 5                                      |
| INDEPENDENT CLAIMS               | 6 minus 3 =   | 3                                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |   | <input type="checkbox"/>               |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY<br>TYPE | <input type="checkbox"/> | OTHER THAN<br>SMALL ENTITY |
|----------------------|--------------------------|----------------------------|
| RATE                 | Fee                      | Rate                       |
| BASIC FEE            |                          | 300                        |
| EXAM. FEE            |                          | 200                        |
| SEARCH FEE           |                          | 400                        |
| X \$ 125 =           |                          | X \$ 250 =                 |
| X \$ 25 =            |                          | X \$ 50 =                  |
| X \$ 100 =           |                          | X \$ 200 =                 |
| + \$ 180 =           |                          | + \$ 360 =                 |
| TOTAL                |                          | TOTAL                      |

| OTHER THAN<br>SMALL ENTITY | <input type="checkbox"/> |
|----------------------------|--------------------------|
| RATE                       | Fee                      |
| 300                        |                          |
| 200                        |                          |
| 400                        |                          |
| X \$ 250 =                 |                          |
| X \$ 50 =                  | 250                      |
| X \$ 200 =                 | 600                      |
| + \$ 360 =                 |                          |
| TOTAL                      | 1550                     |

CLAIMS AS AMENDED - PART II

|  | (Column 1)                                | (Column 2) | (Column 3)                                  |
|--|---|------------|---|
| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total  | * 25                                      | Minus      | ** 25 = 0                                   |
| Independent                                    | * 6                                       | Minus      | *** 6 = 0                                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   |

| SMALL ENTITY        | <input type="checkbox"/> | OTHER THAN<br>SMALL ENTITY | <input type="checkbox"/> |
|---------------------|--------------------------|----------------------------|--------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE   | RATE                       | ADDI-<br>TIONAL<br>FEE   |
| X \$ 25 =           |                          | X \$ 50 =                  |                          |
| X \$ 100 =          |                          | X \$ 200 =                 |                          |
| + \$ 180 =          |                          | + \$ 360 =                 |                          |
| TOTAL ADDIT.<br>FEE |                          | TOTAL ADDIT.<br>FEE        |                          |

| OTHER THAN<br>SMALL ENTITY | <input type="checkbox"/> |
|----------------------------|--------------------------|
| RATE                       | ADDI-<br>TIONAL<br>FEE   |
| 250                        |                          |
| 600                        |                          |
| + \$ 360 =                 |                          |
| TOTAL ADDIT.<br>FEE        |                          |

|  | (Column 1)                                | (Column 2) | (Column 3)                                  |
|--|---|------------|---|
| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total  | * 0                                       | Minus      | ** 0 =                                      |
| Independent                                    | * 0                                       | Minus      | *** 0 =                                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 25 =           |                        |
| X \$ 100 =          |                        |
| + \$ 180 =          |                        |
| TOTAL ADDIT.<br>FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 50 =           |                        |
| X \$ 200 =          |                        |
| + \$ 360 =          |                        |
| TOTAL ADDIT.<br>FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.